

**DEPARTMENT OF TECHNOLOGY SERVICES
APPLICATION FOR LEAVE BANK**

Name: _____ Employee Number: _____

I am requesting that a leave bank be established for my benefit because:

- ☐ I have a catastrophic illness or injury (that is, an illness, acute physical condition or injury which is life-threatening or incapacitating, and which reasonably requires me to be absent from work for an extended period of time).
- ☐ An immediate member of my family has a catastrophic illness or injury and it is necessary that I miss work for an extended period of time to care for this person.
- ☐ I have a serious chronic illness (that is, a disease or illness of long duration characterized by slowly progressive and serious debilitation or disability, or by serious and persistent symptoms that reasonably require me to be frequently absent from work and make periodic visits for treatment by a licensed health care provider.) I cannot avoid the need for additional sick leave benefits by making reasonable adjustments in my work schedule to accommodate this condition.

Facts that support my application for Sick Leave Assistance: *

** The Leave Bank Medical Verification form must be attached to this application in order to be considered.*

Employee's signature

Date

SUPERVISOR'S RECOMMENDATION: ☐ Recommend approval ☐ Recommend denial

Supervisor's signature

Date

TO BE COMPLETED BY EXECUTIVE DIRECTOR

This application for a leave bank has been: ☐ APPROVED ☐ NOT APPROVED

Executive Director's Signature

Date

Leave Bank Effective Date _____